

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PEOPLE HELPING PEOPLE

ADDRESS (number and street) ▼

249 E Ocean Blvd Ste 685

☒ Check if different than previously reported. (ACC)

Long Beach

CA

90802

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00248948

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DAVID L. GOULD

Signature of Treasurer

DAVID L. GOULD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PEOPLE HELPING PEOPLE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		890.11
(b) Cash on Hand at Beginning of Reporting Period.....	890.11	
(c) Total Receipts (from Line 19)	15500.00	15500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16390.11	16390.11
7. Total Disbursements (from Line 31)	14312.64	14312.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2077.47	2077.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	499.31	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PEOPLE HELPING PEOPLE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15000.00	15000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	500.00	500.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15500.00	15500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15500.00	15500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2312.64	2312.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2312.64	2312.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	11000.00	11000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14312.64	14312.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14312.64	14312.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15000.00	15000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	15000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2312.64	2312.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	500.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1812.64	1812.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE

Full Name (Last, First, Middle Initial)

A. National Multi Housing Council PAC

Mailing Address 1850 M St.,NW #540

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00130773

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **10** / **2015**

Transaction ID : 11C-439

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Property Casualty Insurers Association of America Political Action Committee

Mailing Address 8700 West Bryn Mawr Ave. Ste. 1200

City State Zip Code
Chicago IL 60631

FEC ID number of contributing
federal political committee.

C C00066472

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / **26** / **2015**

Transaction ID : 11C-441

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Realtors Political Action Committee

Mailing Address 430 N. Michigan Ave.

City State Zip Code
Chicago IL 60611

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **30** / **2015**

Transaction ID : 11C-443

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE

Full Name (Last, First, Middle Initial)

A. Julia Brownley for Congress

Mailing Address 1822 East Ventura Blvd.

City

State

Zip Code

Camarillo

CA

93010

FEC ID number of contributing
federal political committee.

C

C00513077

Name of Employer

Occupation

Receipt For: 0



Primary



General



Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : 15-445

Amount of Each Receipt this Period

500.00

CHECK WAS NEVER CASHED

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

PEOPLE HELPING PEOPLE



00.

Category/
Type

State: District:

MM / DD / YYYY

00

Category/
Type

State: District:

00-

Category/
Type

State: District:

1626.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE

Full Name (Last, First, Middle Initial)

A. David L. Gould Company

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Office Expenses

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2015
Transaction ID : 21B-646

Amount of Each Disbursement this Period

220.97

Full Name (Last, First, Middle Initial)

B. California Bank & Trust

Mailing Address 550 S. Hope Street Ste. 100

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Credit Card PaymentCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 0
☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2015
Transaction ID : 21B-674-W

Amount of Each Disbursement this Period

208.70

Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.

Full Name (Last, First, Middle Initial)

C. California Bank & Trust

Mailing Address 550 S. Hope Street Ste. 100

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Credit Card Payment

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 0
☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2015
Transaction ID : 21B-679-W

Amount of Each Disbursement this Period

256.80

Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

686.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address Los Angeles International Airport

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015
Transaction ID : 21B-641-P

Amount of Each Disbursement this Period

203.10

[MEMO ITEM]

Credit card payee, see Schedule D California Bank & Trust

Full Name (Last, First, Middle Initial)

B. The Ranch Restaurant

Mailing Address 1025 E. Ball Rd.

City Anaheim State CA Zip Code 92805

Purpose of Disbursement
Democratic Convention

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2015
Transaction ID : 21B-648-P

Amount of Each Disbursement this Period

256.80

[MEMO ITEM]

Credit card payee, see Schedule D California Bank & Trust

Full Name (Last, First, Middle Initial)

C. Oceanaire

Mailing Address 1201 F. Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Meeting Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : 21B-655-P

Amount of Each Disbursement this Period

252.03

[MEMO ITEM]

Credit card payee, see Schedule D California Bank & Trust

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

2312.64

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

PEOPLE HELPING PEOPLE

A. Committee to Elect Mereda davis Johnson

011

Mereda Johnson

☐ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1000.00

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE

Full Name (Last, First, Middle Initial)

A. Chuy Garcia for Mayor

Mailing Address 651 W. Washington

City	State	Zip Code
Chicago	IL	60661

Purpose of Disbursement
Local Election

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Transaction ID : 29-658

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Fattah for Congress

Mailing Address 3900 Ford Roadsuite 120

City	State	Zip Code
Philadelphia	PA	19131

Purpose of Disbursement
Political Donation

Candidate Name

Chaka Fattah

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 02

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

Transaction ID : 29-636

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. New Directions for Veterans

Mailing Address 11303 Wilshire Blvd. VA Bldg 116

City	State	Zip Code
Los Angeles	CA	90073

Purpose of Disbursement
Donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : 29-647

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

11000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

PEOPLE HELPING PEOPLE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

California Bank & Trust

Nature of Debt (Purpose):

Various credit card purchases. Purpose
appears/appeared on Schedule B Credit Card
Payee memo records

Mailing Address 550 S. Hope Street Ste. 100

City State

Zip Code

Los Angeles

CA

90071

Outstanding Balance Beginning This Period

0.00

Transaction ID : D10-602-W

Amount Incurred This Period

964.81

Payment This Period

465.50

Outstanding Balance at Close of This Period

499.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

499.31

2) **TOTALS** This Period (last page this line number only)..... ►

499.31

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

499.31